

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Joseph P.R. Tosey
 Docket: 50014.US01
 Title: OPERATING SESSION REAUTHORIZATION IN A USER-OPERATED DEVICE

JE586 U.S. PTO
 09/551919
 04/19/00

CERTIFICATE UNDER 37 CFR 1.10
 'Express Mail' mailing label number: EH974036687US
 Date of Deposit: April 19, 2000
 I hereby certify that this paper or fee is being deposited with the United States Postal Service 'Express Mail Post Office To Addressee' service under 37 CFR 1.10 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.
 By: _____
 Name: Kay Howe

BOX PATENT APPLICATION
 Assistant Commissioner for Patents
 Washington, D.C. 20231

Sir:

We are transmitting herewith the attached:

- ☒ Transmittal sheet, in duplicate, containing Certificate under 37 CFR 1.10.
- ☒ Utility Patent Application: Spec. 7 pgs; 34 claims; Abstract 1 pgs.
 The fee has been calculated as shown below in the "Claims as Filed" table.
- ☐ Design Patent Application: Spec. _____ pgs.
- ☐ 2 sheets of drawings
- ☐ Certified copy of a _____ application, Serial No. _____, filed _____, the right of priority of which is claimed under 35 U.S.C. 119
- ☐ Small entity status will be established at a later date
- ☐ Verified statement to establish small entity status
- ☒ A signed Combined Declaration and Power of Attorney
- ☐ An unsigned Combined Declaration and Power of Attorney
- ☒ Assignment of the invention to Glenayre Electronics, Inc., Recordation Form Cover Sheet
- ☒ A check in the amount of \$1018.00 to cover the Filing Fee
- ☒ A check for \$40.00 to cover the Assignment Recording Fee.
- ☐ Computer readable form of _____. Applicants state that the paper copy form of the _____ section of the present application, and the computer readable form submitted herewith, are the same.
- ☐ Other: _____
- ☒ Return postcard

CLAIMS AS FILED

Number of Claims Filed		In Excess of:		Number Extra		Rate		Fee
Basic Filing Fee								\$710.00
Total Claims								
34	-	20	=	14	x	22.00	=	\$308.00
Independent Claims								
3	-	3	=	0	x	78.00	=	\$0.00
MULTIPLE DEPENDENT CLAIM FEE								\$0.00
TOTAL FILING FEE								\$1018.00

Please charge any additional fees or credit overpayment to Deposit Account No. 13-2725. A duplicate of this sheet is enclosed.

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(PTO TRANSMITTAL - NEW FILING)